

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/048082	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22	1						72		
23		1					73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30							80		
31							81		
32							82		
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40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	24						TOTAL DEP.		
TOTAL CLAIMS	29						TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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